

**ROYAL CINQUE PORTS JUNIOR OPEN MEETING
AND DAILY TELEGRAPH QUALIFIER 2011
PARENTAL/GUARDIAN CONSENT FORM**

Name of Child _____ Date of Birth _____

Address _____

_____ Post Code _____

To enable us to care for the best interests of your child, it is important that Royal Cinque Ports Golf Club are aware of any medical condition, allergy or illness that your child may suffer from, or whether he/she is currently receiving medical treatment of any kind.

Please indicate below, in confidence, any health related matter which you think we should be notified of, including details of any prescribed medication and dosage, or special dietary requirements. _____

My Child is in good health and I give consent to him/her participating in golf events. I confirm that to the best of my knowledge my child does not suffer from any medical condition other than those detailed above.

I give permission for my child to receive essential medical or surgical treatment, as necessary, when a qualified medical practitioner prescribes such treatment.

MEDICAL - Please PRINT

Child's Doctor's Name _____ Tel No _____

Surgery Address _____

_____ Post Code _____

NAME OF PARENT/GUARDIAN _____

EMERGENCY CONTACT DETAILS - Please PRINT

Name _____ Relationship to Child _____

Tel No: Home _____ Work _____ Mobile _____

ALTERNATIVE EMERGENCY CONTACT - Please PRINT

Name _____ Relationship to Child _____

Tel No: Home _____ Work _____ Mobile _____

Signed _____ Parent/Guardian Date _____

Please PRINT Name _____

I consent to my child being photographed for possible inclusion in newspaper or golfing magazines etc **Yes / No*** (*Please delete as necessary)

NB It is your duty to advise of any change in the information given here prior to the Junior Open.

No information on this form will be passed to a Third Party and will be destroyed after the Junior Open.